

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name

Office of Councilmember Paul Peralez
Division, Department, or Region (If Applicable)

District 3
Designated Agency Contact (Name, Title)

Patricia Ceja
Area Code/Phone Number E-mail

408-535-4929

patricia.ceja@sanjoseca.gov

Date Stamp
2016 FEB 12 PM 2:50

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 102.00

Event Description Disney on Ice
Provide Title/Explanation

Date(s) 02, 20, 16

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|---|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Rocketship Discovery | 24 | Recognition |
| Prep Parent Council | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Signature of Agency Head or Designee

Paul Peralez
Print Name

Councilmember
Title

2/12/16
(Month, Day, Year)

Comment: